

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**BOTULINUM TOXINS**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF MEDICAL  
NECESSITY TO (801) 536-0477**

**CRITERIA** (for access through a pharmacy):

- Used for patients age 12 and above
- **Approved for DOCUMENTED diagnosis of:**

<b>Botox (onabotulinum toxin a)</b>	<b>Dysport (abobotulinum toxin a)</b>	<b>Xeomin (incobotulinum toxin a)</b>	<b>Myobloc (rimabotulinum toxin b)</b>
Cervical Dystonia	Cervical Dystonia	Cervical Dystonia	Cervical Dystonia
Strabismus		Blepharospasm (with previous Botox treatment).	
Blepharospasm			

**NON COVERED USE:**

Botulinum Toxin is not covered for any cosmetic or off-label uses. These include primary axillary hyperhidrosis, migraine, spasticity, sialorrhea, and gastroparesis.

**Information:**

- These products are available for physician use in the office with the appropriate Jcodes **without** a PA.
- These products may be obtained through a pharmacy with a prior authorization.
- Treatment is every 3 months.
- Cumulative dose not to exceed:

<b>Botox</b>	<b>Dysport</b>	<b>Xeomin</b>	<b>Myobloc</b>
300 units / 90 days	1,000 units / 90 days	120 units / 90 days	10,000 units / 90 days

**AUTHORIZATION:**

6 months

**RE-AUTHORIZATION:**

6 months with documentation of progress of patient.

9/22/10

<http://health.utah.gov/medicaid/pharmacy>